

FY 2022 –  
FY 2023

# Safety PIN

Innovative Approaches to  
Addressing Infant Mortality

Request for Applications

Indiana Department of Health

Division of Maternal and Child Health



## FUNDING OPPORTUNITY DESCRIPTION

### PURPOSE:

The purpose of this Request for Applications (RFA) is to fund **competitive** grants for a local health department, hospital, other healthcare-related entity, or a nonprofit organization (as defined by IRS Tax Determination) within the State of Indiana to implement programs focused on reducing infant mortality. Applicants must submit a proposal to provide services to reduce infant mortality and identify the region(s) they plan to impact.

The Maternal and Child Health Division is employing a tiered approach award system with this opportunity that includes funding caps to ensure equitable opportunity across the state. Funding tiers and award amounts are estimates and are subject to change at MCH's discretion based on the applications received. Be sure to request the appropriate amount of funding needed for implementation and for staff directly involved in the proposed program.

Tier Levels	Number of Awards	Total Budget for Two Years
5	1	\$900,001 - \$1,400,000
4	1	\$500,001 - \$900,000
3	2	\$300,001 - \$500,000
2	3	\$100,001 – 300,000
1	6	\$1,000 - \$100,000

### SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by IDOH by **NO LATER THAN:**

**Friday September 24, 2021 at 5pm EST**

SUBMIT APPLICATIONS VIA EMAIL TO: [ISDHMCH@isdh.IN.gov](mailto:ISDHMCH@isdh.IN.gov)

## SUMMARY OF SAFETY PIN FUNDING

The Safety PIN – Protecting Indiana’s Newborns (PIN) – grant program supports Indiana’s goal of reducing infant mortality. Organizations must use funding to create evidence-based or evidence-informed systems building programming with the ultimate goal of reducing infant mortality. Safety PIN is a two-year grant that will start **January 1<sup>st</sup>, 2022**, through **December 31<sup>st</sup>, 2023**, with a potential for a two-year extension with additional funding via a performance award. The first two years of funding will total 60% of the total funds requested with the performance award, if released, totaling 40% of the funds requested. The performance award will be given out no sooner than the last quarter of the calendar year 2023 and no later than the first quarter of the calendar year 2024. The performance award will be based on grantee ability to reduce the infant mortality rate (IMR) in their identified region.

## INFANT MORTALITY IN INDIANA

Infant mortality is any death of a baby before their first birthday. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation because factors affecting the health of entire populations can also impact the mortality rate of infants.

The Indiana Department of Health is dedicated to decreasing the rate of infant mortality in Indiana, which historically has one of the nation’s worst rates. In 2019, 527 Hoosier children (6.5 out of every 1,000 live births) died before reaching their first birthday. A very concerning trend noted in Indiana is the disparity in the black infant mortality rate. In 2019, Indiana’s non-Hispanic black infant mortality rate was 11.0 deaths per 1,000 live births, compared to the non-Hispanic white infant mortality rate of 6.0 and the Hispanic infant mortality rate of 6.4 per 1,000 live births. IDOH is committed to supporting community-based interventions to address health disparities and inequities that impact infant mortality.

## INFORMATION, ELIGIBILITY, AND REQUIREMENTS:

### THE APPLICANT ORGANIZATION:

- Must be a health department, hospital, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination);
- Must serve populations within Indiana;
- Must comply with financial requirements as listed in the budget section;
- Must collaborate with traditional and nontraditional agencies or organizations;
- Does not need to be a current Safety PIN grantee.

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## APPLICATION AND REVIEW INFORMATION:

Applications will be reviewed for the following components:

- Intent to provide services in areas of the state with the highest infant mortality rates (see included map);
- Use of evidence-based or evidence-informed program practices that have a demonstrated impact on reducing infant mortality and morbidity;
- Proven capacity to receive grant dollars, invoice, provide administrative and HR support, and collect evaluation data.
- A well-developed plan to either expand services to new geographic areas, to additional clients not already served by other funding, or to provide continued services for Safety PIN grants ending this year; and
- If applicable, previous ability to meet grant expectations, including reporting, invoicing, and responding in a timely manner to all requests for current/past Safety PIN grants.

The Maternal and Child Health Division encourages projects which focus on the following suggested topics: *(note - applications are **NOT** limited to the following)*

- Improve access and coordination of care through outreach and follow-up services for pregnant women and fathers who are at risk of not receiving prenatal care and support;
- Continue to work with women during the 4<sup>th</sup> trimester to ensure they are getting adequate and trusted postpartum care for themselves and their newborn;
- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant people and fathers;
- Implement multi-faceted programs that include a variety of education sessions or services in topics such as: prenatal care, mental health, substance use, bereavement support, peer support groups, tobacco cessation, or reduction to social determinants of health barriers.

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## EXPECTED REPORTING AND PERFORMANCE CRITERIA:

All applicants are required to collect data for reporting and monitoring purposes.

- Applicants must submit quarterly reports and annual reports utilizing the IDOH reporting tool\* created by IDOH MCH;
- Applicants must report any subrecipients to IDOH, the use of funds and resources provided, and reflect this in the budget of the application with a detailed budget justification;
- Applicants must host IDOH for a site visit upon request to ensure progress of the program;
- Implement the required Components of Safe Sleep Service or Program if providing that program, see Appendix A.
- Implement the required Components of Home Visiting Services or Programs if providing that program, See Appendix B.

\*IDOH will create reporting templates that will be personalized for each grantee based off programs, goals, and objectives. The grantee will have 60 days from execution of the grant to agree to the template from IDOH or request changes with justification. IDOH is subject to change the report template at any time if deemed necessary. The reporting template that IDOH will provide will include, but is not limited to, mandatory items such as:

- *Population Served Numbers*
- *Demographics of Population Served*
- *Trainings*
- *Initiatives during the quarter*
- *Partnerships*
- *Resources Used*
- *Specific Program Data (Safe Sleep, Breastfeeding, etc.)*

## SAFETY PIN: APPLICATION

SECTION	SECTION HEADING
<i>1</i>	<i>PRIMARY INFORMATION</i>
<i>2</i>	<i>PROJECT OVERVIEW</i>
<i>3</i>	<i>PROGRAM OVERVIEW</i>
	<i>3-A: PROGRAM DESCRIPTION</i>
	<i>3-B: PROJECT GOALS</i>
	<i>3-C: COMMUNITY MEMBERS AND ORGANIZATIONS</i>
	<i>3-D: HEALTH EQUITY</i>
	<i>3-E: PARTNERSHIPS</i>
	<i>3-F: RECRUITMENT</i>
	<i>3-G: DATA AND EVALUATION</i>
	<i>3-H: SUSTAINABILITY PLAN</i>
<i>4</i>	<i>BUDGET JUSTIFICATION</i>
<i>5</i>	<i>REQUIRED ATTACHMENTS</i>
	<i>5-A: WORK PLAN</i>
	<i>5-B: BUDGET</i>
	<i>5-C: OTHER STATE FUNDING SYNOPSIS</i>

## APPLICATION INSTRUCTIONS

Please refer to this document for all required application information. The application **must** be completed on the application template that the Maternal and Child Health Programs Team is providing and returned to IDOH by **September 24<sup>th</sup> 5:00pm EST**. The template provided should not be changed and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template or past the deadline will not be accepted for review. During the review process, IDOH may request additional information from applicant organizations.

## SECTION 1: PRIMARY INFORMATION

List the name, title, and contact information of the following individuals within the applicant agency:

- Program Name
- Organization Name
- Project Director
- Primary Contact
- Signatory Contact

## SECTION 2: PROJECT OVERVIEW

This section must provide a description of the program, funding amount requested, counties served, and the anticipated reach.

## SECTION 3: PROGRAM OVERVIEW

### SECTION 3-A: PROGRAM DESCRIPTION:

This section must provide a clear picture of the program(s).

- Describe how the proposed project(s) or service(s) will be implemented.
  - Identify any other organization that will participate in the proposed project. Describe their roles, responsibilities, funding, or resources being provided and commitment to the project.
- Describe the potential barriers to success of the project and how these barriers will be addressed.

### SECTION 3-B: PROJECT GOALS:

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. See FAQ for resources to help with the creation these. The goals and outcomes should reflect those seen in the work plan.

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMARTIE objectives are used: Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable.
- Describe how achievement of the goals will produce meaningful and relevant results.

### SECTION 3-C: COMMUNITY MEMBERS AND ORGANIZATIONS:

This section should include a description of how this program will involve community members and organizations.

- Describe how you will use community and organization's voices during the planning, implementing, or quality improvement of this program.
- Describe how will you disseminate information about the program to local community organizations.

### SECTION 3-D: HEALTH EQUITY:

This purpose of the section is to describe how you will ensure health equity for the program.

- Describe how the program strategies will meet the needs of the community and will be culturally appropriate.
- Describe how you will aim to reduce barriers to health equity including race, socioeconomic status, education level, age, sex, disability, location, ethnicity, and sexual orientation.

### SECTION 3-E: PARTNERSHIPS:

This section is to describe any partnerships and how the service they provide will assist the program.

- What established relationships/partnerships do you currently have?
- What relationships/partnerships are you planning to make?
- Please include any evaluation, technical assistance, or other form of partnership that will be done external.

### SECTION 3-F: RECRUITMENT

How do you plan to recruit expecting parent, infants, families, caregivers, or guardians into the program?

- Describe how the target population will be identified, recruited, and retained.
- Describe how you will reach the target population and provide them with information about the program or services offered.

### SECTION 3-G: DATA AND EVALUATION

Describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives. Please be sure to include the following:

- The plan for data management, analysis, and dissemination to stakeholders.
- All methods of quality improvement that take into consideration equity outcomes and privacy protection.
- Explain the capacity to submit quarterly reports complete and on time.

### SECTION 3-H: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding and how the program will move forward if it is not awarded this funding again. This plan may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g. Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plan to continue and expand on collaborating partnerships.

**THE SUSTAINABILITY PLAN SHOULD NOT BE TO APPLY FOR  
FUTURE STATE OR FEDERAL FUNDING.**



## SECTION 4: BUDGET JUSTIFICATION

Please provide a justification for each expense laid out in the budget. Please be as specific as possible for all line items.

## SECTION 5: REQUIRED ATTACHMENTS

### SECTION 5-A: WORK PLAN

Complete the provided work plan document and complete the following:

- Ensure the project goals and objectives match those stated in the application.
- List in chronological order the activities to occur within the project period (January 2022 – December 2023).

### SECTION 5-B: BUDGET

The budget worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT substitute a different format.** The budget must correlate with project duration:

- January 1, 2022 through December 31, 2023

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

#### **Budget years with 60% of the funding:**

- FY 2022 (January 1, 2022 – June 30, 2022)
- FY 2023 (July 1, 2022 – June 30, 2023)
- FY 2024 (July 1, 2023 – December 30, 2023)

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for staff categories that are **directly** involved in the project and is adequate to accomplish project goals.
- There is a limit of **10%** of the budget can be used for administration costs.

All staff listed in the budget must be included in the staffing plan as indicated in section 4 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed state rates. Currently, the in-state travel reimbursement is

\$0.39 per mile, \$26 per day per diem, and \$96 plus tax per night of lodging. In completing the budget, all amounts should be rounded to the nearest penny.

### **Completing the Budget Worksheet**

There are a total of seven tabs in the workbook – a Summary tab, as well as a Schedule A, Schedule B tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each fiscal year. **Do not change any of the formulas already populated in the totals columns.**

### **Schedule A**

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the annual MCH salary column will automatically calculate the total. Common fringe categories have been provided but please only fill in the fringe based on what is used by each staff member.

### **Schedule B**

Typical contractual service categories have been provided as a guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, subrecipient funds and supplies, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

Administrative costs including but not limited to accounting, audit, rent, utilities, clerical staff, and staff not directly involved in the program **must** be limited to 10% of the total budget ask.

**Grant funds and program income shall not be expended for the following:**

- a. To supplant or replace current public or private funding;
- b. To supplant ongoing or usual activities of any organization involved in the project
- c. To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
- d. To reimburse pre-award costs;
- e. To support planning efforts and other activities associated with the program or application;
- f. For fundraising, political education, or lobbying activities;
- g. Replace or repair existing buildings or equipment due to depreciation;
- h. Contributions, gifts, donations;
- i. Entertainment, food, cooking supplies or utensils;
- j. Automobile purchase;
- k. Interest and other financial costs;
- l. Fines and penalties;
- m. Fees for health services;
- n. Bad debts;
- o. Contingency funds;
- p. Executive expenses (e.g., car rental, car phone, entertainment);
- q. Accounting expenses for government agencies;
- r. Legal fees;
- s. Equipment;
- t. Out-of-state travel;
- u. Incentives;
- v. Over \$30 a month per cell phone;
- w. Dues to societies, organizations, or federations.

**SECTION 5-C: OTHER STATE FUNDING SYNOPSIS**

Include an overview and amount of what other State Agency, Indiana Department of Health, and/or MCH funding you currently hold. Please provide a general synopsis of what the funding is being used for and who your contact is with. Format as a PDF.

## ADDITIONAL INFORMATION

### LEGISLATION AND IDOH REQUIREMENTS AND OBLIGATIONS

Due to current Safety PIN Legislation(IC 16-46-14) and Current IDOH Requirements the following must be followed to ensure equitable program measures across 2021 funded programs:

The 40% bonus is dependent on IDOH's determination.

Safety PIN Contracts last two full calendar years and IDOH utilizes IMR rates to determine reduction. The IMR dates that will be available and ready by 12/31/2023 (end of proposed grant period) will be used for the defemination.

Quarterly Reports are expected to be turned in on time with the following deadlines:

Quarter 1 January 1 to March 31: Due April 10<sup>th</sup>

Quarter 2 April 1 to June 30: Due July 10<sup>th</sup>

Quarter 3 July 1 to September 30: Due October 10<sup>th</sup>

Quarter 4 October 1 to December 31: Due January 10<sup>th</sup>

Quarterly Reports will be created by IDOH with the expectation that all information requested be filled out. There will be 60 days post contract execution date for IDOH staff to work with organization staff to confirm the quarterly report.

Host IDOH for site visits.

Turn in invoices monthly by the deadline set in the contract.

Follow Safe Sleep and Home Visiting Requirements (if applicable to your program)

Grant funds and program income shall not be expended for unallowable costs.

Any changes to the original scope of work, budget, or target population must be requested in writing, and that any approved changes be documented in a written response from the state.

Safety PIN funding is secured through the 2021- 2023 cohort and will be up for a renewal of funds from state legislation in 2023.

Maintain communication to IDOH in a timely manner.

Follow any other additional requirements of IDOH either laid out in a contract or requested by staff members.

## MCH CONTACT

Mary Ellen Potts

IDOH MCH Safety PIN Coordinator

(317) 232-3491

[MaPotts@isdh.in.gov](mailto:MaPotts@isdh.in.gov)

## FINANCE CONTACT

Andrea Morris

Manager of Major Federal Programs

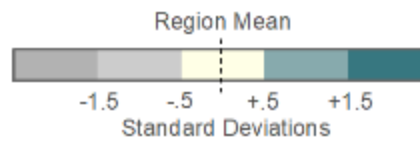
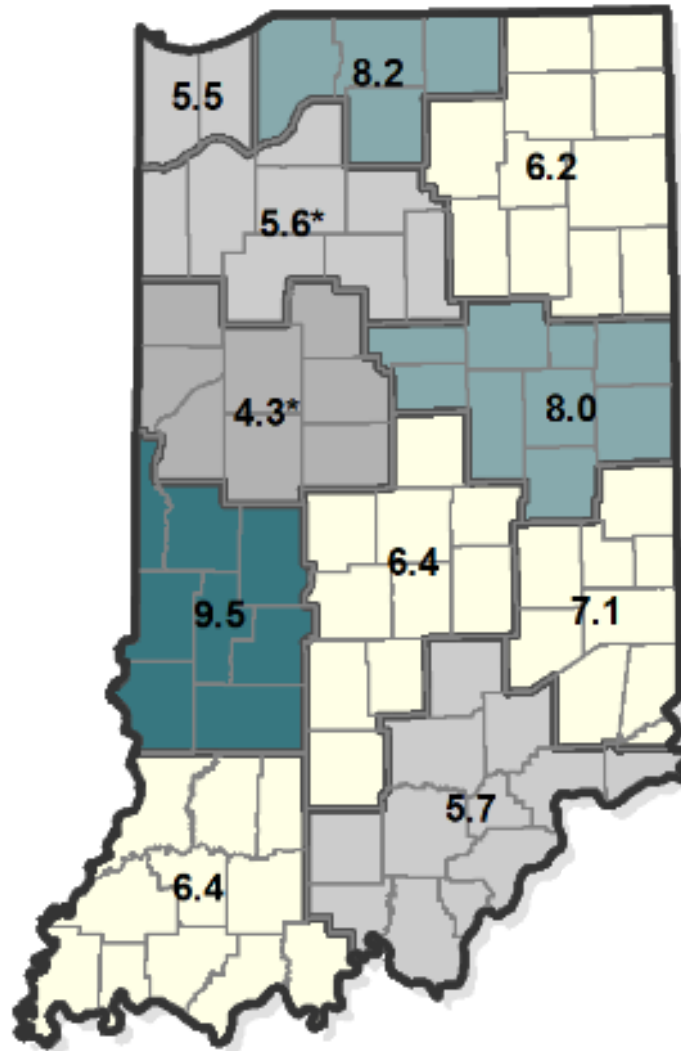
(317) 234-3545

[anmorris2@isdh.in.gov](mailto:anmorris2@isdh.in.gov)

FAQ and Information is posted to the Funding Opportunity

**2019**

*Rate per 1,000 Live Births*



**\* Denotes unstable rate (<20 events)**

Data Source: IDOH MCH, ODA DAT, VR | Map Author: IDOH ODA PHG, 01.01.21

## Safety PIN Regions

